

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541504

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2	1		1				52							
3		2		1			53							
4		0		1			54							
5		0		1			55							
6		1		1			56							
7	1		1				57							
8		1		1			58							
9		2		1			59							
10		2		1			60							
11	1		1				61							
12	1			1			62							
13				1			63							
14				1			64							
15				1			65							
16				1			66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓		
TOTAL DEP.	←	4	←	12	←		TOTAL DEP.	←		←		←		
TOTAL CLAIMS		16					TOTAL CLAIMS							

BEST AVAILABLE COPY